

State of Washington

MAY 02 2019
 Office of Health Systems Oversight
 (X3) DATE SURVEY COMPLETED
 04/17/2019

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013299	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____
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NAME OF PROVIDER OR SUPPLIER
WELLFOUND BEHAVIORAL HEALTH HOSPITA

STREET ADDRESS, CITY, STATE, ZIP CODE
**3402 S 19TH ST
 TACOMA, WA 98405**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 000	<p>INITIAL COMMENTS</p> <p>INITIAL STATE LICENSING SURVEY</p> <p>The Washington State Department of Health (DOH) in accordance with Washington Administrative Code (WAC) Chapter 246-322 - WAC Private Psychiatric and Alcohol Hospitals, conducted this health and safety survey.</p> <p>Onsite dates: 04/15/19 - 04/17/19</p> <p>Examination number: 2019-390</p> <p>The survey was conducted by:</p> <p>Surveyor #6 Surveyor #10</p> <p>The Washington Fire Protection Bureau conducted the fire life safety inspection.</p>	L 000	<p>1. A written PLAN OF CORRECTION is required for each deficiency listed on the Statement of Deficiencies.</p> <p>2. EACH plan of correction statement must include the following:</p> <p>The regulation number and/or the tag number; HOW the deficiency will be corrected; WHO is responsible for making the correction; WHAT will be done to prevent recurrence and how you will monitor for continued compliance; and WHEN the correction will be completed.</p> <p>3. Your PLANS OF CORRECTION must be returned within 10 calendar days from the date you receive the Statement of Deficiencies. Your Plans of Correction must be postmarked by 05/02/19.</p> <p>4. Return the ORIGINAL REPORT with required signatures.</p>	
L 780	<p>322-120.1 SAFE ENVIRONMENT</p> <p>WAC 246-322-120 Physical Environment. The licensee shall: (1) Provide a safe and clean environment for patients, staff and visitors; This Washington Administrative Code is not met as evidenced by:</p> <p>Based on observation, interview, and document review, the hospital failed to provide an environment that is conducive to the safety of its</p>	L 780		

State Form 2567

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Cherrise Homack, CEO Wellfound Behavioral Health Hospital 23 April 2019

STATE FORM

6899

IKGF11

If continuation sheet 1 of 5

State of Washington

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NAME OF PROVIDER OR SUPPLIER WELLFOUND BEHAVIORAL HEALTH HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 3402 S 19TH ST TACOMA, WA 98405
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L 780	<p>Continued From page 1</p> <p>patient population as demonstrated by (Item #1) storage of emergency evacuation equipment separate from the point of use, and (Item #2) provision of patient beds that pose a ligature risk.</p> <p>Failure to ensure patient care supplies are available when needed, and safeguard against ligature placement, puts patients at risk of injury or death from delayed emergency evacuation, and strangulation.</p> <p>Findings included:</p> <p>Item #1 - Evacuation equipment</p> <p>1. Document review of the hospital's policy titled, "Fire Life Safety Management Plan," policy #02.0 dated 04/01/19, showed that when vertical evacuation is necessary, stairwells are the only authorized route of egress.</p> <p>2. On 04/17/19 at 8:30 AM, a Recreation Therapist (Staff #601) and the Compass Unit (an inpatient unit) Charge Nurse (Staff #602) demonstrated an emergency evacuation to Surveyor #6 & Surveyor #10. The observation showed that 5 of 5 rescue sleds were stored together in a storage area located outside the stairwell on the second floor. No rescue sleds are stored in stairwells at the points of use.</p> <p>3. On 04/17/19 at 9:15 AM, Surveyor #6 interviewed the Chief Operating Officer (Staff #603) about the placement of the rescue sleds. Staff #603 stated that the 5 rescue sleds were stored together in a protective sleeve provided by the manufacturer.</p> <p>Item #2 - Ligature risk</p>	L 780		

Maureen Tomack, CEO 25 April 2019

State of Washington

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L 780	Continued From page 2 1. On 04/15/19 at 12:40 PM, Surveyor #6 observed 2 mechanical hospital beds in Patient Room #1319 - a room designated as ADA (Americans with Disability Act) equipped. The design of the beds allowed for ligature risks: hinged adjustment arms of the frame, hinged mattress deck panels, cable ties to secure the mattress deck, and restraint loops on the mattress deck. 2. On 04/15/19 at 9:00 AM, Surveyor #6 interviewed the Compass Unit Charge Nurse (Staff #602) regarding safety risks to patients assigned to the mechanical hospital beds in #1319. The Charge Nurse stated that all patients are screened at admission for risk of self-harm. A patient considered at risk for self-ham would unlikely be assigned to room #1319. Surveyor #6 asked whether the hospital had formal policies and procedures related to assignment of the mechanical hospital beds, or how room #1319 would be managed when no patient is assigned to a mechanical hospital bed. Staff #602 stated that he had not seen policies specific to room #1319 or the mechanical hospital beds.	L 780		
L1485	322-230.1 FOOD SERVICE REGS WAC 246-322-230 Food and Dietary Services. The licensee shall: (1) Comply with chapters 246-215 and 246-217 WAC, food service; This Washington Administrative Code is not met as evidenced by: Based on observation and interview, the hospital failed to provide indirect drainage from ice/water dispensers in compliance with the Washington State Retail Food Code (Chapter 246-215 WAC).	L1485		

Waverly Mack, CEO 25 April 2019

State of Washington

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L1485	<p>Continued From page 3</p> <p>Failure to follow food safety standards places patients, staff, and visitors at risk of food borne illness.</p> <p>Findings included:</p> <ol style="list-style-type: none"> 1. On 04/15/19 at 11:10 AM, Surveyor #6 observed an ice/water dispenser in the Crisis Stabilization Unit (CSU) galley. The observation showed that the ice/water dispenser drained directly to a hand sink drain. 2. On 04/15/19 at 11:50 AM, Surveyor #6 observed as a facilities engineer (Staff #604) disassembled the ice/water dispenser to determine whether there was an indirect drainage internal to the machine. The observation showed the ice/water dispenser did not have an internal indirect drain. 3. At the time of the observation, a Project Manager (Staff #605) stated that the hospital had 7 ice/water dispensers and that each was installed without indirect drainage. 	L1485		
L1540	<p>322-230.5 FOOD SERVICE-STAFF AT MEALS</p> <p>WAC 246-322-230 Food and Dietary Services. The licensee shall: (5) Ensure staff from dietary/food services are present in the hospital during all meal times; This Washington Administrative Code is not met as evidenced by:</p> <p>Based on interview, the hospital failed to ensure dietary/nutrition services staff are on site during all meal times.</p>	L1540		

Maurice Hornack

25 April 2019

State of Washington

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L1540	Continued From page 4 Failure to schedule food services staff on site risks deficient food safety practices during patient meal times. Findings included: On 04/15/19 at 1:55 PM, Surveyor #6 interviewed the Infection Control Preventionist (Staff #606) about food and nutritional services. Staff #606 stated that patient meals will be prepared off site by a contracted food service. Patient meals will be prepared and labeled per individual patient order and delivered in insulated carts. A contracted food service staff member will deliver the carts to hospital staff. Patients will collect their own tray. After the meal, patients will return the dishes and utensils to the insulated cart. A contracted food service staff member will collect the cart after the meal time. Staff #606 stated that a contracted food service staff member will not be scheduled to be in the hospital during patient meal times.	L1540		

Muneeb Homack

25 April 2019

Wellfound Behavioral Health Hospital (013299)
 Plan of Correction for
 Initial State Licensing Hospital Survey
 April 15 – 17 2019

NOH POC approved 25 Apr 19

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APR 25 2019

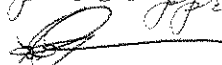
[Signature]
 Robin Munroe

Office of Health Systems Oversight

Tag Number	How the Deficiency Will Be Corrected	Responsible Individual(s)	Estimated Date of Correction	Monitoring procedure; Target for Compliance
<p>L 780 – Item #1</p> <p>WAC 246-322-120 Physical Environment.</p> <p>The licensee shall: (1) Provide a safe and clean environment for patients, staff and visitors.</p>	<p>Each of the 5 Slyde Bariatric evacuation sleds will be moved into a separate stairwell so that one is available at the point of use.</p>	<p>Chris Rakunas, COO</p>	<p>4/18/19 (Complete)</p>	<p>Included on EOC monthly rounds and reported to EOC committee quarterly during 2019. (a total of 8 rounds in 2019)</p> <p>See Attached EOC Checklist – Item highlighted in red</p>
<p>L 780 - Item #2</p> <p>WAC 246-322-120 Physical Environment.</p> <p>The licensee shall: (1) Provide a safe and clean environment for patients, staff and visitors.</p>	<p>Deficiency: Stryker mental health bed in the Wellfound ADA rooms are not ligature free</p> <p>Wellfound Behavioral Health Hospital completed their due diligence review of ligature resistant hospital beds. It is noted that there are only ligature resistant beds on the market and that a ligature free medical bed does not currently exist.</p> <p>Plan of Correction:</p> <ol style="list-style-type: none"> 1. Review current policies locally and regionally – elected to use the policy published in the TJC’s Big Book of Policies 2. The American Psychiatric Association’s DSM-5 Self-Rated Level 1 Cross-Cutting Symptom Measure—Adult instrument is used as a validated screening tool for all patients seeking services. 	<p>Maureen Womack, CEO</p>	<p>April 22, 2019 (completed)</p>	<p>Random checks of the placement of patients in ADA rooms will be conducted on quarterly Leadership Rounds (a total of 8 rounds in 2019)</p> <p>1.) to ensure self-harm assessment completed</p>

	<p>For individuals assessed to be at risk for suicide based on screening assessment, further clinical assessment utilizing suicide specific validated instruments [The Columbia- Suicide Severity Rating Scale (C-SSRS) and the SAFE-T] is completed by qualified clinical staff to assist in determining suicide risk level and developing an individualized suicide risk mitigation plan.</p> <ol style="list-style-type: none"> 3. Patients assessed for suicide risk are placed on special precautions per individualized suicide risk mitigation plan. Patients needing placement due to medical condition in a psychiatric hospital bed will be on continuous line of sight while in their room. 4. When patients are not occupying the room and/or psychiatric hospital bed, the door to the room will remain locked and inaccessible to other patients. 5. Patients are reassessed every 12 hours for suicide risk 6. Staff has been re-trained on suicide prevention, environmental risks, and the different levels of special precautions both at time related to the beds in the designated ADA rooms. <p>Please see attached policy.</p>			<ol style="list-style-type: none"> 2.) Appropriate level of special precaution was initiated 3.) Doors of ADA rooms remain locked when not occupied 4.) EOC quarterly rounds will be submitted to the QAPI committee 5.) Please see attached EOC rounding checklist area highlighted in yellow
L1540	<p>Food and Dietary Services will ensure Food-Service Staff are present during all meal times. This is ensured by the following actions:</p> <ol style="list-style-type: none"> 1. Allenmore Registered Dietitian has qualified competencies for Wellfound staff to be "Food-Service Staff" as required in WAC 246-322-230.5 2. All MHT's are required to hold an active WA State Food Handler's Card and be competent in Wellfound's Food and Nutritional Services policies, procedures and program. The MHT job description has been modified to include this work responsibility and competencies 	Barbara Harvath, DQM	4/19/19	Competencies monitored by HR Performance monitored by DQM and DNS Results provided quarterly to QAPI during 2019

	<p>3. A Food-Service Staff will be present in the hospital during all meal times</p> <p>4. Wellfound's Food & Nutritional Service Safety Program has been revised to reflect these standards and is attached to this document.</p>			
<p>L 1485 - Findings include: The hospital failed to provide indirect drainage from ice/water dispensers in compliance with the Washington State Retail Food Code (Chapter 246-215 WAC).</p>	<p>Ice/water dispenser drains will be reconfigured to provide the necessary indirect drainage.</p> <p>Please see the following schedules.</p>  <p>Bunn Juice_Follett Machine M...</p>	<p>Scott Rivers, Chief Engineer</p>	<p>4/27/19</p>	<p>Chief Engineer will be accountable for visually confirming the existence and functionality of all drains from ice/water dispensing equipment as part of installation PM; Property Management will report any drain issues to EOC Committee at monthly intervals (8 times in 2019)</p>

Progress Report approved
17 June 19  *Robin Munroe*

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JUN 17 2019

Wellfound Behavioral Health Hospital
Progress Report for
Initial State Licensing Hospital Survey
April 15 – 17 2019

Office of Health Systems Oversight

Tag Number	How Corrected	Date Completed	Results of Monitoring
S355	Annual inspection complete on fire extinguishers; monthly fire extinguisher inspections complete and reported through EOC	4/16/19	100% compliance
S362	Fire penetration sealed with caulk; inspection completed using Above Ceiling Rounding Tool and reported through EOC	4/25/19	100% compliance
L 1485	Drains reconfigured to provide the necessary indirect drainage; Property Management Team visually confirmed existence and functionality of all drains during regular maintenance activities	5/24/19	100% compliance
L 780	Each of the Bariatric Slydes was moved into the stairwell so that it was available at the point of use; included in EOC rounds and reported through EOC	4/18/19	100% compliance
L1540	Food Service Staff is present during meal times	4/19/19	100% compliance



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

June 17, 2019

Maureen Womack, CEO
Wellfound Behavioral Health Hospital
3402 South 19th Street
Tacoma, WA 98405

Dear Ms. Womack:

Surveyors from the Washington State Department of Health and the Washington State Patrol Fire Protection Bureau conducted the initial state licensing survey at Wellfound Behavioral Health Hospital on April 15 – 17, 2019. Hospital staff members developed a plan of correction to correct deficiencies cited during this survey. The plan of correction was approved on May 25, 2019.

Hospital staff members sent a Progress Report dated June 17, 2019 that indicates all deficiencies have been corrected. The Department of Health accepts Wellfound Behavioral Health Hospital's attestation to be in compliance with Chapter 246-322 WAC Private Psychiatric and Alcohol Hospitals.

The Deputy Fire Marshal will performed an on-site revisit on May 9, 2019 to verify corrections of fire life safety deficiencies.

The team sincerely appreciates your cooperation and hard work during the survey process and looks forward to working with you again in the future.

Sincerely,

A handwritten signature in black ink, appearing to read "Robin Munroe", with a long horizontal flourish extending to the right.

Robin Munroe, RS
Survey Team Leader